

Division of Professional Regulation 861 Silver Lake Blvd. Cannon Building, Suite 203 Dover, Delaware 19904-2467 (302) 744-4500

DUPLICATE RENEWAL NOTICE

DUE DATE: January 31, 2005

Continuing education reports are due 11/30/2004. To complete your renewal, this application, along with the appropriate fee, and the continuing education report must <u>all</u> be received, whether together or separately, by the Division of Professional Regulation. If you fail to complete renewal of your license by 1/31/2005, you will not be allowed to practice beginning 2/1/2005.

| YOUR SIGNATURE: NAME: (Please Print) STREET ADDRESS: CITY: | | | Check box if new address |
|--|---|---|--|
| NAME: (Please Print)STREET ADDRESS: | | | Check box if new address |
| | | | |
| YOUR SIGNATURE: | _ | | DATE: |
| | _ | | |
| national emergencies? YE Pursuant to Section 7 of th | e Privacy Act of Inber on this Applimay be used to en | 1974, you are hereb leation for Renewa Inforce child suppor | <u> </u> |
| 2. Have you ever been con | nvicted of a felon | y? YES NO_ | |
| therapist, physical therapis other disciplinary action be | t assistant, or athleen taken, or has | etic trainer, ever by your application fo | or license to act as a physical een revoked, suspended, or has r licensure or registration been ther state, territory or country? |
| | ing questions: | | |
| Please answer the following | | | |

All sections must be completed. Incomplete forms will not be accepted. Make checks payable to the "State of Delaware."